

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South

280 State Drive

Waterbury, VT 05671-2060 S&C Main Line: 802-241-0480

S&C Fax Line: 802-241-0343

APS Reporting Line: 1-800-564-1612

APS Fax Line: 802-241-0342

February 23, 2016

Mr. Jason Ploof, Manager Cota's Hospitality Home 1079 South Barre Road Barre, VT 05641-8115

Dear Mr. Ploof:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 6, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

familiameturn

Pamela M. Cota, RN Licensing Chief

ACCS services, the specific room and board rate, an of Licensing and Protection RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Japon (X6) DATE

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FORM

participants

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over looked

If continuation sheet 1 of 7

shall include: the

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Division of Licensing and Pr	Otection				PRINTED; 01/21/201 FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		
THE TOTAL OF CONRECTION	IDENTIFICATION NUMBER.	A BUILDING	i: EE OOMSTROCHON	:	(X3) DATE SURVEY COMPLETED
	1			· [ :	JOHN ELYES
	0365	B WING			С
NAME OF PROVIDER OR SUPPLIER	STREETA	DODE OF STREET			01/06/2016
			STATE, ZIP CODE		
COTA'S HOSPITALITY HOME	BARRE.	UTH BARRE VT 05641	ROAD		
(X4) ID SUMMARY STA	TEMENT OF DEFINITIONS	(D)	PROVIDER'S PLAN		
TOPIN (SNOT DEFICIENCY	'MUST BE PRÉCEDED BY FULL 3C IDENTIFYING INFORMATION)	; PREFIX	(EACH CORRECTIVE A	ACTIMA SHOULT	D BE COMPLETE
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R104: Continued From page	de 1	R104 =			
		1	as of Jan	00 4 A 3	3 ls+
provider's agreemen	nal needs allowance and the it to accept room and board		2016, each	h Ires	identi
and Medicaid as sol	e payment	1	<b>4</b>	1 1	. •
; ;	- 100/110	;	,	"	lm ission
This DEALUNEAUEN	79	C	agreement	= No ma	ا
by:	T is not met as evidenced				~^/
	ew and staff interview, the	1	not initial	ed b	<b>v</b>   .
I nome tailed to ensure	e that a current written (			11 .	Z. ] 1
aumission agreemen	t signed by the appropriate if	] '	them selves	· ወጀር ፣	the√r
iegal agent of resider	It was on file for 2 of 7	1	egally app	Sauld to d	
include:	Resident #1, #2). Findings				`
	j	C	juardián;	14: tr	rey
, 1. Per record review of	on 1/6/16, there was a rate	10	٠ .		-7
inclease at the home	OD 10/1/15 which required (	1	have one	. One	new
i new authission agreei	ments to be diver to the	وموال	en J. I		
residents and their leg Resident #1 has a leg	al duardian, who is	*	esident, u	אני ביייייי	i legal
i supposeα to be signin	g agreements for the	G	vardian, is		(1)
: resident. Per review of	f the new agreement for	.J			+ 1 1
i rtesident #1, the legal	Quardian had not stoned	156	eccipt of	Signe	20/1
the new agreement, in themselves had signed	stead the resident d although they are not their	6	1	. 11 1. )	1 1
, own legal agent.	and ough they are not their	المرا	greement v	/ ic US	SP\$.
6 n.		J 7	Pote: Res		
2. Per record review or	1 1/6/16, Resident #2 is	"	iore nes	id pat	
increase given to Resident	and the notification of rate dent #2 was initiated with	h	as not res	Sided	A
indiciters of the teside	ni's name. No cionatura 1				
was present on the not	ification and the initials		ta's since		
ANTAGE FOR HOLLISTCH III	l@ Other initials actually 1	[Ke	esident #2	has i	m #
written elsewhere by the	e resident.			III .	
Per interview on 1/6/16	the Home Manager		esided at		<u> </u>
: communed that the illitia	is Written on the undated	S	ince 11/25	118	!
i adminasion agreement (	or Resident #2 dial ast		, ===,	, - 1	
match the other docume	entation that there was				1
not a full signature, and	that Resident #1 did not :				:
have a revised agreeme of Licensing and Protection	int signed by the proper				
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Division of Licensing and Pr	otection	•		FOR	MAPPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLJA	(X2) Muli Tila			
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DAT	E SURVEY
		A. BUILDING		The second	MPLETED
					C
	0365	B. WING		01	/06/2016
NAME OF PROVIDER OR SUPPLIER	STREST	ADDRESS CITY, S	TARE TURGER		00/2010
COTAIG HORESTON					
COTA'S HOSPITALITY HOME		OUTH BARRE	RQAD		}
Clamaca		VT 05641		!	
(X4) ID SUMMARY STA PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	. ID	PROVIDER'S PLAN C	OF CORRECTION	i de
TAG REGULATORY OR LE	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE A	CTIBIL SHOLLD BE	(X5) COMPLETE
		TAG	CROSS-REFERENCED TE DEFICIEN	O TILL APPROPRIATE	DATE
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R104   Continued From pag	je 2	R104			1
legal authority for the	et resident			1:	1
	1. (COUC) (	1			İ
R213 VI. RESIDENTS' RIC	31 (bas)	!			<u> </u>
SS=G:	3H18	R213	Ref. 213; all no	euli cus deals	] [
		}	11 600		<b>1</b>
6.1 (5.105)		}	will receive a	gornolete ce	ppy [
6.1 Every resident s	hall be treated with	; (c	of the State	. 1	\chi \
consideration, respec	ct and full recognition of the	}	الما الما الما الما الما الما الما الما	- HWIZIOU G	)* <u>1</u> *
residents didility iDQ	(Viduality and privacy A	L	icensing and	Motertion 1	Rochart
home may not ask a	resident to waive the		71		DAZIOBALI
resident's rights.		i r	ights policy	on admis	sion.
This DEOLUGENES		i to	₩ 1 ' Y / _	1	
THIS REQUIREMENT	is not met as evidenced	K	esidents an	cyl: 2 ta +1, 1	ا ا ادم
by;	_				
tract even resident int	erview, the home failed to		cknowledge	WIN LEADE	n
i treat every resident w	ith consideration, respect,	JU	nderstanding	lest all	L
And dignity for two of .	seven residents interviewed			1	uwez !
(Residents request to	remain anonymous).	) 1	here are	heli e wayak	Stande
Findings include:		10	Thaza a.		2 100 X S 2
Par interview 4/0/4			shere any r	NEWPEL OF	{
etatod that they had be	6, Anonymous Resident A	- 1G	stas House u	1 1 00 K	N
owner that they had be	een told by the home's		2.00024 C	rill respec	G & I devis
would be disabased	d to pay their rent or they		o waive the	ir Kesident r	ights.
them in the bealessed	and threatened to "bury			,	1
on the hum pilo" office	and throw their belongings	φ.	1: All cesiden	it Bi will b	e.
Security monitor to an	a delay in getting Social	1	reated with	Compasion	<u>.</u>
also stated that the ha	the home. The resident				
Fude to residente et time	me owner was loud and		. 1	The verba	•
and others were affected.	es, and that this resident	<u> </u>	rreats will	be made	s
threats of discharging	of the home owner due to	ſ			
threats of discharging the	nem, Resident A has	1Cc	or too, no contror	1 An 12 po 662	idents [
by the home owner for	d that they were yelled at	1	ill take in		, 1
. Up high in the middle of	having a television volume	I .		11 .	
stated that they did not	the afternoon. Resident A	رنے }	sident need	& Frad leve	1
dignity and respect by t	feel they were treated with	1.7	7	- 1	1
" and respect by (	ne owner or the nome.		cognitive a	MIL Philosopi	<u>.                                    </u>
Per interview on 1/8/18	Anomenia Davida	1C.	action in		7
Stated that they were all	Anonymous Resident B	1,01	octioning. I	2   5020 B	st
from the home's owner	so afraid of repercussions	100	in-payment	of mont	
	if they complained about				
n of Licensing and Protection	<u>i</u>	1.0	eteos priveu	/ 1strocts u	Will
FORM	GARA	umu .	1		
	uning	V/CM.v.	1.4	11 *	

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MU A. BUIL	LTIPLE CONSTRUCTION DING:	(X3) DATE SURVEY COMPLETED
<u> </u>		0365	8 WING		С
1	IAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CI	TY, STATE, ZIP CODE	01/06/2016
	COTA'S HOSPITALITY HOME	1079 SC	DUTH BAR	RE ROAD	
	THE REPORT OF THE PROPERTY.	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	VT 05641  D PREFIN	PFOVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO	IN SHOULD BE COMPLETE
S	mistreatment or any the residents were af what this resident cal owner. This resident were told to "go to the percieved as being true B stated that they were from the home, and the have no where else to say anything.  R220 VI. RESIDENTS' RIGHTS'S SEG  6.7 A resident may convict without interference, convicted in the stablish a procedure for resolving complaints that is explait time of admission. The include at a minimum, the responding to residents by which each residents.	agents. This resident stated of to talk to surveyors about other complaints, and that raid to say anything about led "bullying" by the home's stated that sometimes they eir room" which Resident Beated like a child. Resident to threatened with discharge his resident stated that they go, so has been afraid to a stated that they go, so has been afraid to ercion or reprisal. Each written grievance precidents at the grievance procedure shall lime frames, a process for in writing, and a method filing a complaint will be see of the Long Term Care ont Protection and tive or in addition to the anism.		be made to financial sho a timely man the resident an advocates. I full, is not r the 3rd of e or appropriate the home wi a 30-day r residents with respect financial stan reasonable ef be taken to residents with und continuity	resolve the Halls in mer with their legal payment, in exceived by ach month, arrangements upon, then I issue traded and agaity their ling. All horts will assist pacement of care if
	Based on resident intervensure that residents magrievance without interfereprisal for two Anonymo (residents A and B). Find	iews, the home falled to ity complain or voice a rence, coercion, or	· {	-NEV FYM622 I	will be 1 cussions if
r of	Licensing and Protection RM			jut side advocat	S. Residents W
		0099	YOU	DX11	: If continuation sheet 4 of 7

owner. This resident stated that sometimes they were told to "go to their room" which Resident B percieved as being treated like a child. Resident B stated that they were threatened with discharge from the home, and this resident stated that they have no where else to go, so has been afraid to , say anything,

R224; VI. RESIDENTS' RIGHTS

of Licensing and Protection FORM

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} I		WORLD WALLOW MOMBER	A. BUILDIN	IG:		(\alpha ) \(\begin{array}{c} \(\chi \alpha \) \(\chi \alpha \alpha \) \(\chi \alpha \alpha \	ATE SURVEY DMPLETED
·		0365	B. WING				С
NAME OF	PROVIDER OR SUPPLIER					0	1/06/2016
COTA'S	HOSPITALITY HOME	1079 SC	ODRESS, CITY OUTH BARRE	STATE, ZIP CODE	-		
		BARRE,	VT 05641	ROAD		.	
(X4) ID PREFIX	7-MOLL 0 CERCIPACE	TEMENT OF DEFICIENCIES	ID	PROVIDER	SPLANDED	ORRECTION	<del></del>
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	. OPACH COPPO	ひていた あのまむ	M SHOULD BE SAPPROPRIATE	(X5) COMPLETA
F224	Continue		<u> </u>		DEFICIENCY	HAPPROPRIATE	DATE
	Continued From page	ge 5	R224	Properly	anne	tate co.	1611
:	6.12 Residents	1. 11	İ	interaction	08 1	with cool	1.
:	verbal or physical at	shall be free from mental,		as thoron	ا الم		ICHENTS
į	EVANORATION KESICEL	TIS shall also be free from	ļ	in reside	, Ju . X	. , 1	ı (
į	restraints as describ	ed in Section 5.14.		in reside	יז א כלו	Jack II	- cases
;		!	)	Where T	HI	tinow:	be
	This REQUIREMENT	T is not met as evidenced		Compromi	sed,	Bunothe	20
1 '	∟y.			resident	00	the sam	le amde
	Based on resident interviews, the home failed to ensure that residents were free from mental and verbal abuse for two residents sampled			will be			
					I		1 1
; \	Anoriymous Residen nclude:	its A and B). Findings		the com	$\omega$ $\alpha$	oution a	50
} "	rolade,		] 1	witness		<del> </del>   .	
1	. Per interview on 1/6	3/16, Anonymous Resident	,				. 1
	, assista albi NIGA DSQ.	DRAD IOIO Burtha bass - I.		R224 cont	- 12	a official	2
	would be discharged, and threatened to "bury them in the backyard and threatened to "bury		<u> </u>	Manager,	$\mathcal{K}\mathcal{N}$	will ense	ore
, 7,			<u>}-</u> 3	al Leziklen	ተዔ ናፃ	GEILG OU	١
Security monies to pay the home. The resident		l V	USGLATCE	000	racinal f	٥٢	
		/C	war terly	pravid	lina sur	inla	
1.01	1990 O PONCHIS BY IMAS and that this registers 1		ا المسر	1000	$\cap$	1 3 31	, P. C
	a annota wete 911910.	of the home owner due to hem. Resident A has	j.c.	efinitions	, 0+	mental	1,
	aring ipas, alia stated	I that they were untilled at it.		erbal, or	phys	isal abo	٥٥
	THE TAILING CANDED HALL	1191/150 9 tolovisiasi					
1 -1-	TO SECURE OF THE PROPERTY.	TOE STOTOOD Projekt to t	1	reglect, ar	od e	to locat	ion
dig	nity and respect by the	feel they were treated with he owner of the home.				3 for	
		1	1	porting an		-) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Bs	tated that they were a	16, Anonymous Resident		P/ 1 1 1		} -	
	areasions from the l	hama's away it is		rectife c	Zama	innicat (	,
	・ド・マ・・・キャ きかいしん けきおかか	OANT to Autoide executor	探る	224 cont.	Accepl	rable 1	
to s	urveyors about mistr	They were told not to talk	107	erventions	$\sum_{i=1}^{n} \frac{1}{i}$	Jones J. I	_ \
	remine, and that the	[PSMANte were effected to 1	₩£	, peronolog	1 c/~	unce scould	100
~~,	anything about what g and Protection	this resident called	Tw	ith reside	into	1	
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		5099	YODX	11			

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Division of Licensing and Pr	<u>ote</u> çtion			1	FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	NT OF DEFICIENCIES / (X.) PROMIDER/CURRILIES			(X3) DATE SURVEY COMPLETED	
	0365	B WING_		:	C
NAME OF PROVIDER OR SUPPLIER	STREET AT	DDRESS, CITY, S	TATE		01/06/2016
COTA'S HOSPITALITY HOME	1079 SOU BARRE, \	JTH BARRE R	(OAD		
CACH DENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL OC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCE)	riches Mintoa St	LD BE COMPLETE
R224 Continued From pag	je 6	R224 [	. 1		
"bullying" by the home that the pwner was was was residents of the home any specific informations they were which Resident B see threatened with disch	ne's owner. Resident B stated rerbally abusive to other e however would not give ion. This resident stated that told to "go to their room" releved as being treated like lated that they were large from the home, and lat they have no where else	THOUNG WIFE COLD	suggested cehavioral for specif In cases ntervention e commen co	where you to be done to be a loop on the self of the self on the s	rions regulation. e an include or her mplementations nut fied, ner ve. rormal fice keyelop
of Licensing and Protection		<u>C. CJ</u>	re and t	trealin e	At I recewed
FORM	₽₽₽₽	YODX11	Kesults (	we\le κα	intipuetion ab 7 . 62
			be used	to in	n prove
		$\bigcirc$	are and	CCANA	runication.
			Dot	Pin & +	Tollows
				Ja-1950	Ploof, RV